

ANDERSON & JANSSON, LLP

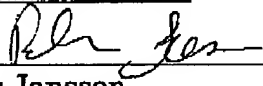
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To: US Patent & Trademark Off. FAX: 571 273 8300 Attn: Commissioner for Patents MAIL STOP: Appeal Brief-Patents ART UNIT : 2192 Examiner: RUTTEN, James D. From: Pehr Jansson Reg. No. 35,759	Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 571 273 8300) on <u>November 2, 2005</u> .  Pehr Jansson
<u>In regard to:</u> Appl. No. : 09/992,558 Conf. No. : 5240 Applicant : Krishna Filing Date : 11/14/2001 Docket No. : 40.0042 Customer No. : 41754	This certificate applies to the following documents transmitted herewith: <ul style="list-style-type: none">• Certificate of Transmission/Cover Sheet (this page)• Fee Transmittal and Copy (2 pages)• Credit Card Form Note: this transmittal accompanies Appeal Brief Filed under separate cover on even date herewith.
Total number of pages including this cover page	-- 4 --

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PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)500.00**Complete if Known**

Application Number	09/992,558
Filing Date	11/14/2001
First Named Inventor	KRISHNA, Kaheerabdhil
Examiner Name	RUTTEN, James
Art Unit	2192
Attorney Docket No.	40.0042

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number:

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

FILING OF APPEAL

Fees Paid (\$)

Other (e.g., late filing surcharge):

BRIEF

500.00

SUBMITTED BY

Signature

Registration No. 35,759
(Attorney/Agent)

Telephone 512/241-0837

Name (Print/Type)

Pehr Jansson

Date: 11/2/2005

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Fee Paid (\$)

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